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ABSTRACT

Intended for teachers of students with severe multiple impairments, the booklet examines the role of physical activities in the education of this population and suggests approaches to exhancing their motor development. Suggestions are offered for stimulating movement in preschool, elementary, and secondary immobile children, including tactile stimulation, passive range of motion exercises, moving the child through or over obstacles, and parachute play. Among motivational techniques considered are modeling the activities, providing visually stimulating equipment or tasks, emphasizing repetitions, and using age-appropriate activities/equipment. Specific suggestions are outlined for preschoolers (such as using a multisensory approach), elementary students (including providing imitative activities), and secondary students (such as working with balloons and rubber bands). Individualized education program goals in the physical domain are discussed, and ways to teach specific motor skills to preschool, elementary, and secondary students are reviewed. The importance of selecting individually appropriate activities in developing the student's functioning is emphasized. (CL)

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PHYSICAL ACTIVITIES FOR CHILDREN WITH SEVERE MULTIPLE IMPAIRMENTS

Susan J. Grosse

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Acknowledgements

A trend from the mid-1970s that continues to intensity in the 1980s is greater attention to meeting needs of children with severe multiple impairments. Right to treatment, right to education, and zero-reject concepts emphasize responsibilities of providers of services for these populations in every setting--residential, clinical, educational, vocational, and community. Early childhood intervention and parental involvement can help bring out untapped developmental potential in these populations. Physical activities have been shown to be valuable and indispensible tools for reaching and teaching children with severe multiple impairments.

For several years there has been a steady cry and demand for information, materials--HELP--in the physical and motor areas for these populations. So often articles and publications dealing with activities for children with severe multiple impairments have actually been inappropriate for these populations. Little attention has been given to chronological age, maturity, experience, and untapped interests of these individuals. So often the myth of everlasting childhood has been perpetuated. So many times lack of growth and progress has been because of us; development and achievement in spite of us!

Susan J. Grosse, physical educator par excellence at Frederick J. Gaenslen School (Milwaukee, Wisconsin), delves into the what, how, and why of programing for children with severe multiple impairments. As she has done at least once in each of the four previous Practical Pointer volumes, Sue Grosse draws from vast reservoirs of knowledge and experience to shed light on ways to plan for, motivate, and involve children with severe multiple impairments in meaningful physical and motor activities.

Contents of this Practical Pointer can be used directly, be modified according to child needs and teacher/leader comfort, and stimulate new and creative applications by each reader based on his/her background, philosophy, and experience. Publications of this type are valuable and important in the process of helping children with severe multiple impairments reach zeniths not even within perceptions of the most optimistic among us.

None stand so tall as those who bend to help individuals less fortunate than themselves. Sue Grosse stands tallest among the tall for her insights, and consistent and unselfish sharing of knowledge and experience to help individuals with the most severe multiple impairments gain high quality lives worth living.

Julian U. Stein
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They do not move! If they do move it is probably to engage in some random, self-stimulating behaviors. They do not play. Left to themselves they would probably sit, lie, or recline--forever. These are children with severe multiple impairments. Their mental levels are so low as to be untestable. If they were just retarded they would fall into the severe and/or profound categories. Their developmental lags are extreme. Physically they are impaired--by cerebral palsy, hydrocephalus, multiple congenital anomolies or rare syndrones.

Their behaviors are on extremely low functional levels. Some talk; most do not. Grunts, squeals, and random noises are all that is heard. A small percentage of this population can walk; most are in wheelchairs. Whether or not they are mobile when out of their chairs depends on motivation as well as ability. Left to themselves many self-stimulate, some destructively, others compulsively, tantruming when interrupted. These children have little, if any, age appropriate behaviors.

Educationally they are on the lowest rung of the ladder. They are not candidates for mainstreaming. They are served in self-contained classes, many still in residential facilities. The teacher-student ratio is extremely low. For any real education to take place, these children require one-to-one instruction. Part of that education by law has to include the physical domain; but what does a teacher do with students whose inherent characteristics all serve as deterrents to such activity?

This Practical Pointer is designed to serve as a place to start for teachers of children with severe multiple impairments. Though some sections are approached from points of view of particular age groups, readers should feel free to select activities from the entire content depending upon needs of individual children being taught. Contents are not meant to be all inclusive in terms of teaching techniques and materials used. As a teacher gains experience in providing physical activities for these children that teacher can add much to these starter suggestions because working with children possessing severe multiple impairments is highly specialized and individualistic. There are as many activities and techniques for teaching them as children to teach.

Why?
Roles of Physical Activities
In Lives of Children with Severe Multiple Impairments

When a baby is born the first learning that takes place is through physical activity--hold the head up, push the chest off the floor, get up on all fours and crawl. A very young child with severe multiple impairments in many cases cannot perform such simple tasks. Yet these are motor skills directly related to the ability to function with physical independence. They are necessary for learning how to sit, focus attention--by having control of neck muscles the position of the head is directed so that eyes can see around the environment--stand, and walk.

As a non-involved child matures, he/she learns to use the body to accomplish physical tasks, wash and dress, manipulate toys, and interacts with instruments of learning as papers, crayons, and books are handled. Though a child with severe multiple impairments may never get to the stage of book learning, a great many self care tasks are within the sphere of capability.

As we become older we learn that physical activity is very important to our own health. Organically the body needs physical activity for optimum physiological functioning. Mentally we need releases provided by pleasurable participation as well as feelings of pride in accomplishing through taking part in physical activities. A child with severe physical impairments is no different. Left to sit, obesity soon becomes apparent and health problems occur. A vicious cycle starts--a person who doesn't feel well, who carries a lot of excess weight doesn't want to move; if one doesn't move, weight and health problems continue. Even though a physical condition may preclude normal movements, it seldom eliminates all movements.

The following represent direct objectives in providing physical activity programs for students with severe multiple impairments--

- Improve physiological functioning, including more efficient operation of systems of the body as well as increased muscular strength and endurance.
- Improve development of motor ability, including head control, trunk balance, and arm and leg support.
- Improve mobility, including options such as creeping, crawling, rolling, seat scooting, walking, and or pushing a wheelchair.
- Improve functional motor skills such as grasping and releasing, carrying, pushing, pulling, and kicking and hitting objects.
- Improve ability to follow simple directions such as come, go, stop, no, yes, bring, put, let go, carry.
- Reduce negative and interfering behaviors such as rocking, head banging, hand chewing, random self-stimulation.
- Improve social interactions by providing positive contacts with others.
- Increase more appropriate use of leisure time through learning play and/or recreation activity skills.
- Make the child easier to care for by increasing both tolerance of being handled as well as ability to assist in personal care processes.

A majority of learning possible for a child with severe multiple impairments is in the physical domain. A good physical education program can greatly enhance a child's capabilities for that learning. One word of caution however--

no physical activity program should be initiated without consulting medical personnel involved with the child. Ideally such consultation should be an on-going process so that medical and educational staffs plan together for continued development of the child.

Who?
Different Ages Mean Different Abilities

Some severely impaired children remain at infant levels for their entire lives. However even infancy has its stages. As most children grow physically, changes take place and learning occurs that indicate progress--however slowly--through various stages of growth and development. In discussing activities, three chronological age divisions are used--

Preschool --birth to 6 years

Elementary--6 to 12 years

Secondary --12 to 21 years

Obviously a student can be of secondary school chronological age while functioning on a preschool level. In selecting activities a teacher needs to consider both age and functional abilities of every child, meeting each where he/she is while helping increase abilities to a more age appropriate strata.

Let's Get Moving!
Anything Counts with a Non-Mobile Child

When working with a child with severe multiple impairments--a child with little large muscle movement--the primary goal is to get the child to move--any part in any fashion, but move! We learn how to use our bodies through actual use. Muscular capabilities only improve through activity--something must happen physically.

Preschool

Very young severely multiple impaired children go through the same motor development stages as their non-involved peers. However, such development is much slower with many gaps in motor skill progressions occurring as progress in particular areas is blocked by physical impairment. The major goal of the preschool program is to assist the child move through these stages by teaching use of the body. Activities are performed with the child out of the transportation chair and on a mat or other soft surface.

- Gentle rubbing body parts lets the child know a body part is there.
- Gentle tickling body parts--soles of feet, backs of legs, insides of elbows--not only focuses attention on that part but also encourages random movements of that part.

. Passive bending and stretching--teacher does all movements--arms and legs provide feedback on locations of the child's body parts and information on how each moves. At this stage, as with any activity involving physical manipulation, the teacher needs to be sure that movement is not attempted past the point of firm resistance to avoid injury to the student. Do not force any joint movement.

. Passive range-of-motion exercises--moving a body part through all positions allowed by the controlling joint--help to tell the child what the body is supposed to do.

. Baby exercises are valuable aids in helping teach a child how to move and aiding in building muscular strength and endurance. Even though a child is five or six years of age, if motor development is that of an infant--still working on head control, chest elevation, and creeping--then infant exercises are appropriate activities. Such exercises are too numerous to recount here; however many resources are available (20, 21, 22, 23, 24, 27, 28) for teachers needing to initiate such programs.*

. Putting a child in various positions as he/she goes through daily activities encourages learning to balance the head and trunk as well as rely on different muscle groups for support. A child who sometimes lies on the stomach, sometimes on the back or side, sometimes sits supported, sometimes sits alone, and sometimes rests on hands and knees, develops much better than a child left in one place all day. (9, 17)

Elementary

Many elementary school age children may still need infant exercises to stimulate movements. If this is the case then infant exercises should be continued. However, many other children with severe multiple impairments do have some movement capabilities. Left to their own devices, most of these children just sit, or sit and randomly manipulate a toy. The major goal for these children is to develop voluntary large muscle activity. Children are again out of their wheelchairs for activities and work done on mats.

In addition, small padded obstacles are used. They can be purchased as in the case of foam shapes, or improvised by rolling up mats, stuffing blankets into pillow cases, or padding furniture. Other helpful pieces of equipment for this age group include climbing apparatus such as all purpose trainers, lind climbers, or stegels; each has horizontal poles, a height adjustable ladder, and a slide.

. Getting down to the mat--initially activity relies on the child's desire to remain down on a mat in one place or position. Place

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*Bracketed numbers occurring throughout the text refer to resource listings in Selected References.

the child on an obstacle--any softie or shape--that is close to the ground. Placement should be just insecure enough--due to angle of the body or position of the shape--so the child moves to assume his/her original place on the mat. Possible positions include--

--Inclined with head up
--Inclined with head down
--On the back
--On the stomach
--On the side
--Draped over with seat up
--Combinations of the above

Children who are comfortably immobile where ever they are placed can be encouraged by gentle poking or tickling. Positions where a child is slightly off balance-encourage movement as the body is pulled in response to gravity.

. Motoring through a task means a teacher, leader, or aide moves the child's arms and/or legs so as to accomplish a given movement, pattern, or task. As the child becomes accustomed to getting off a small shape, difficulty of situations can be increased in several ways--

--Vary sizes and shapes of obstacles.
--Motor the child through alternative ways to get back to the mat--forward, backward, using arms, using legs, using arms and legs.
--Block the child from using accustomed methods so that other approaches must be used.

. Getting onto and off obstacles present additional challenges. A teacher, leader, or aide can--

--Motor a child through the climb-on.
--Entice a child onto the object with a favorite toy.
--Place several small obstacles together so the child has to go over one or two to get back to the mat.

. Free climbing over, under, and around obstacles is a higher level skill. As the child gains strength and learns to move arms and legs, even though movements have limitations, he/she should be able to crawl through a variety of obstacle situtations.

Secondary

The older a child with severe multiple impairments, the harder it is to initiate any program of physical activity. Movement is a habit that needs to be established early in life. A child who has been just sitting for twelve to fifteen years is much more difficult to work with than a child who has been

as active as his/her condition allows. Initial get moving activities take place with a child in his/her wheelchair; in the case of an ambulatory student, while remaining seated or standing in one place. Given the goal of any large muscle movement, such movements are easier to obtain if only one or two body parts are involved in the activity. In this case parts involved are arms and the activity is parachute play.*

Parachute activity may seem like an unusual place to start, but the parachute has many unique characteristics that make it ideal for introducing movements to children with severe multiple impairments.

- All children in a group can participate at the same time. Seated around the perimeter are those who can grasp and hold the edge of the 'chute; those who cannot can be attached be adding sewn loops to the edge of the 'chute through which each child can slip a hand.

- A 'chute is colorful and easily moved, thus aiding in the focus of attention while providing instant results for any arm movements.

- Adults interspersed around a 'chute can easily control and direct movements by controlling the 'chute. Some students can imitate actions of adults while others move because they are attached.

- Various movements can be done with a 'chute--

  --Shaking.
  --Lifting and lowering.
  --Actions that are alternately fast and slow.
  --Actions that are alternately vigorous or soft and easy.
  --More mobile students move under the 'chute while others manipulate it.
  --Balls can be rolled or bounced on the 'chute.
  --Musical accompaniment gives extra stimuli to movements.
  --If all students can grasp the 'chute it can be passed along the edge from person-to-person.

- The activity can be as calm or as vigorous as a teacher, leader, or aide desires.

- Direct hands on help can be given to students without interrupting group activity. The helping person moves from student to student and reaches around from behind to guide arm movements.

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*If a regular parachute or one of desirable size is not available, any relatively sturdy piece of fabric will do--a print sheet, for example, is a fine substitute.

But It Isn't All That Easy
Problems of Motivation

Obesity, self-stimulating behaviors, low mental levels, severe physical impairments, and deprivation of experiences all work against student involvement in physical activities. Involved physical effort and great length of time between effort made and observable progress tend to inhibit teachers in implementing physical activity programs for children with severe multiple impairments. Given these negative factors, motivation becomes a prime concern. Activities are easy to start. However, maintaining these initial activities over time and structuring them for student progress are major undertakings. Both student and teacher motivation can be improved in a variety of ways--

- Enjoy the activity yourself. Make a conscious decision before starting that the activity is going to be pleasurable for the student and you.

- Do activities right along with students-having a model to imitate aids their learning!

- Motor through the student during initial learning stages. Hands-on guidance makes positive differences in what a child is able to accomplish.

- Inhibit extraneous and self-stimulating behaviors by replacing them with positive activities. Expecting a child to just stop such behaviors is unrealistic. More success can be obtained if objectionable behaviors are replaced by activities such as movement, appropriate play, or object manipulation.

- Be colorful. Activities need to be visually stimulating to aid a child in focusing attention.

- Have a large variety of activities to accomplish a single goal. Doing the same thing over and over again can be boring to both student and teacher--variety encourages everyone's interest.

- Use the same piece of equipment in various ways. Once a child becomes familiar with a piece of equipment, use that device as a bridge to further learning and explore new areas of movement.

- Praise--appropriately and frequently, including pats, hugs, and strokes for little children, and handshakes and applause for young adults.

- Be repetitious. Learning specific skills takes lots of time. Don't become discouraged if progress is not always evident--think in terms of months and semesters rather than days and weeks. Many times one must make haste slow!

- Use non-threatening equipment. Softies make play much more fun because a child is not likely to be unintentionally hurt.

. Improvise. Try any and every idea that comes to mind. Reject nothing until it has been given a good try--then don't reject it but file it away for use with another child under different circumstances (if it doesn't work)!

. Use age-appropriate equipment and activities, even for children with severe multiple impairments.

. Vary settings for activities. Get out of the classroom and into the gym, onto the playground, on the lawn, or into any other available space. Staying in the same environment all the time leads to cabin fever--for everyone.

. Plan activities on regularly scheduled bases--stick to the schedule. Putting it off 'til tomorrow won't get the job done.

. Make a committment. When you are motivated, you motivate your students!

Although any number of activities can be described to aid in motivation, several techniques and approaches are particularly useful for a child with severe multiple impairments. Some methods dictate that the child be out of the wheelchair while others are done with the child in place--each activity listed is only one of several possibilities. Approach each as a place to start when working with a child that has some movement and needs to have his/her movement capabilities developed further.

Preschool

At this age level emphasis is placed on a multi-sensory approach to movement--this means providing a variety of individual stimuli. Some people mistakenly bombard all of a child's senses at once--loud music, bright lights, stuffy room, objects hanging from the ceiling, and lots of movement. All that teaches a child is to block out what is discomforting! For a stimulus to be effective it should be the predominating factor in the environment with other stimuli reduced. Rubbing body parts and range of motion activities listed earlier (page 5) are forms of tactile stimuli; others include (11, 15, 16)--

. Activities with clothes off as well as on.

. Rub body parts with different textures and levels of force.

. Touch body parts with something cold and/or wet.

. Perform activities with room lights off as well as on. Off is particularly helpful when using visual stimuli such as flashlights to prompt focusing attention and in doing head and neck exercise.

. Use various visual stimuli to attract attention and encourage head control--blinking lights, colored lights, pin point flashlights.

. Use mechanical devices such as vibrators or small blow dryers to stimulate movements of body parts.

. Use various strong odors to encourage head control.

. Perform activities on various surfaces--carpet, mat, water bed---to provide different kinesthetic feedbacks.

. Use various individual sounds to encourage focus of attention and improve neck mobility.

Elementary

Once a child acquires some movement a teacher has something to work with and build upon (10, 12, 13. 14, 18).

. Imitative Activities. The preschool child has been working on focusing attention and discovering that body parts move--imitative activities provide opportunities to apply such skills. Begin with simple arm exercises. While initially a child may have to be motored through an activity, once he/she is able to imitate lessens the need for complicated verbal directions in future activities. Imitative exercises can be enhanced by attaching objects to body parts involved in exercises. A child can hold the item or it can be attached to him/her. The teacher should have the same item as the child--ribbons, bells, rattles or shakers, aluminum pie plates, scarves or just colorful pieces of fabric. Initial movements should be simple and easy to follow. Start by using only one body part and add parts as the child becomes better at imitating movements.

. Scooter Play. Children with severe multiple impairments have a great deal of difficulty moving under their own power from place to place; scooter boards can help reduce or even eliminate this problem. Initially place a child on the board in a prone position. If necessary strap the child in place so he/she doesn't fall off. Some children in this position may use their hands to push and move on their own; other children may need hands-on motoring through. If the teacher stretches the child's arms out as far as possible, places his/her hands on the floor, and holds them there, the child pulls forward as he/she tries to get the hands back; with lots of repetition a child learns to propel. More able students may also be able to sit on the scooter in positions in which they can use either hands or feet, though many need hands-on help to attempt the task initially.

Secondary

Secondary students are hardest to motivate. Time may have to be spent with this group doing imitative exercises to accustom individuals to moving various body parts. Motoring through is more difficult due to sizes and weights of individuals, but still may be the only way to obtain movements.

However, if a child is moving, several activities can increase the fun of the experience (25).

. Rubber Band Activities. These are not conventional rubber bands but bands cut from old automobile inner tubes--cut across the tube at three inch intervals.* Primary activities with these bands involve pulling using different body parts in various positions. A student can pull against him/herself--use hands-on help if necessary to teach the feel of pull--or the student can pull against the teacher which also gives the teacher a measure of force being exerted.

. Balloon Play. Either party balloons or large play balloons help students gain control over gross muscle movements as well as improve hand-eye coordination. Students can--

--Hold the balloon carefully.
--Hit a balloon someone holds.
--Hit a balloon that is tethered and returns to be hit again.
--Learn to hit or push the balloon when it comes to them through the air.
--Keep the balloon up in the air using different body parts.
--Participate in a group game of Keep It Up or volley the balloon over a line or rope.

It's Function That Counts
Developing Specific Motor Skills

Although achieving movement responses from a severely multiple impaired child is an achievement in itself, it is not the end goal. Applying movements to accomplish functional physical tasks is the next step. Once a child has started to move, such movements need to be developed into functional skills.

The Individualized Education Program (IEP) sets format and provides direction for work with a student. To be useful an IEP should--

. Reflect a child's current levels of function--i.e., "He moves from place to place to place by rolling."

. State specific skills to be learned--i.e., "He will learn to crawl."

. State criteria for successful performance of said skill--i.e., "He will crawl on all fours for a distance of ten feet."

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*For some individuals narrow bands are necessary; for other individuals wide bands are appropriate. If inner tube bands, regardless of width, provide too much resistance, make similar bands with waist-band elastic purchased at any notions store.

. State time line for accomplishing the task--i.e., "He will crawl on all fours for ten feet by November 1" or "...within two months."

All IEP goals dealing with the physical domain must reflect observable, measurable physical behaviors. A skill is not learned until the child can perform that skill independently and at levels consistent with measurement criteria (1, 5, 6).

Preschool

Preschool skills usually center around mobility with the general initial goal being to move the child further along through normal developmental progressions. A teacher structures movement environments by (13, 16)--

. Choosing specific skills for a child to use during mat activities--rolling, creeping, crawling, seat scooting, arm pulling, and pushing with the feet from a supine position.

. Seeing that each child performs particular movements selected even if that means motoring the child through the movements--again, and again, and AGAIN.

. Providing a variety of situations for using and practicing each specific skill--crawling on a flat mat, on a lumpy mat, over another person, over a pillow, up a small stairway, over a foam shape, across a water bed, through a small space, into a tunnel--even if initially the child has to be motored through each individual situation.

. Providing positive feedback to the child--verbal praise, pat on the back, stroking, favorite toy when an obstacle is overcome, hug for successful efforts, and always a big smile for trying even if trying took place with lots of hands-on help.

The only way most severely multiple impaired children make progress in mastering physical skills is if the teacher provides direct experiences for developing these skills. The nature of the conditions often preclude the child's own abilities and resources in normal explorative and developmental processes of childhood.

Elementary

Functional skill development for elementary school age children with severe multiple impairments means continued progress along standard developmental lines and movement skills in response to simple directions. Whereas in the past a teacher physically directed almost all movements with hands-on help, now movement experiences need to be raised to higher levels of mental processing, that of direction following. A direction can be--

. Verbal--spoken word.

. Physical gestures or signs--without contacting the child.

. Physical cues or prompts--touching the child.

. Auditory cues--starting and stopping music, for example.

Typical directions affecting a child's everyday life functioning as well as participation in movement experiences include--

come	over	open	get
stay	under	closed	bring
go	up	give	hurry
start	down	take	slower
stop	through	carry	push
look	sit	pull	stand up
move			

Each one of these words or concepts can be applied to movement. Initially it helps if directions are given in a combination of forms--say, "Come," while smiling and using a beckoning gesture.

An excellent format for beginning direction following is through relays. Though relays involve competition between people or teams, they can be used for task accomplishment. In a simple relay a child starts at point A, moves to point B, and then returns to point A. Specific skill activity can include how the person gets from A to B as well as what is done when getting to points A and/or B. After directions are given a child may still need help getting from place to place--help pushing the chair, help from someone holding the hand or arm as a lead in walking. Plenty of repetition and watching examples of others aid the learning process. Relay ideas are as endless as the creativity of the teacher.*

Secondary

Students on the secondary level need assistance in applying whatever movements they are capable to improve functional skills of daily living and develop leisure play skills. Though learning to follow directions carries over from elementary school years, application to skills that improve a child's capabilities to assist in his/her own care and mobility is the next step in the learning process.

A Function Hike is an excellent activity for developing motor skills relative to daily living. Basic format is a hike--movement through environments surrounding the classroom--both inside and out. Hikes can be taken with one student and one teacher, or with a group of students, teacher, and aides. Students do not need to be ambulatory. As a hike progresses various other activities take place. Possibilities include--

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*Readers are referred to Motor Development Relays (Practical Pointer, Volume 3, Number 10, February 1980) for different and innovative approaches to using relays in developmental learning of students with special or exceptional needs.

. Moving in different fashions.

--Forward, backward, sideward.
--Large steps, small steps--or big pushes and little pushes.
--Fast, slow.
--Loudly, softly.
--Starting and stopping.

. Moving with changes of level.

--Sitting and getting back up.
--Lying down and getting back up.
--Getting in and out of the chair.
--Lying down, rolling over, and getting up.

. Moving in relation to other objects

--Under something.
--Over something.
--Through doorways.

. Movement involving object manipulation.

--Opening and closing a door.
--Touching something--high or low.
--Carry something.
--Pick up something.
--Push something.
--Pull something.
--Kick something.
--Manipulate something big, little, heavy, light, easy to move, hard to move.

. Walk stairs.

. Use an elevator.

. Walk and collect something.

. Move with a wiggle, bounce, stretch, bend.

. Move blindfolded.

. Move using a rope lead as a guide, or follow a line or crack in the floor surface.

Use your imagination!!! Even if students do not always understand a concept they can imitate or be motored through an activity.

Play skills are also important for a student with severe multiple impairments. Play provides opportunities for large muscle activity and includes components of social interaction and enjoyment important for attaining and

maintaining high quality in life. Easy play situations include (2, 3, 4, 7)--

. Target games. A target can be anything an individual moves to, puts into, throws into, throws at, kicks into, kicks at, or hits at. Students can participate just to see if they can hit the target or they can compete against others--not so much for points involved and winning as for social interactions and taking turns. Initially a student may have to be completely motored through the activity--led to the target, helped with release of the object--but continued repetition in time improves performances, independence, and enjoyment. Some individuals use feet, mouth, or assistive devices to propel objects in target games.

. Group games. Group games are as much social experiences as physical ones. While there are a large variety of games to choose from, it may be helpful to consider--

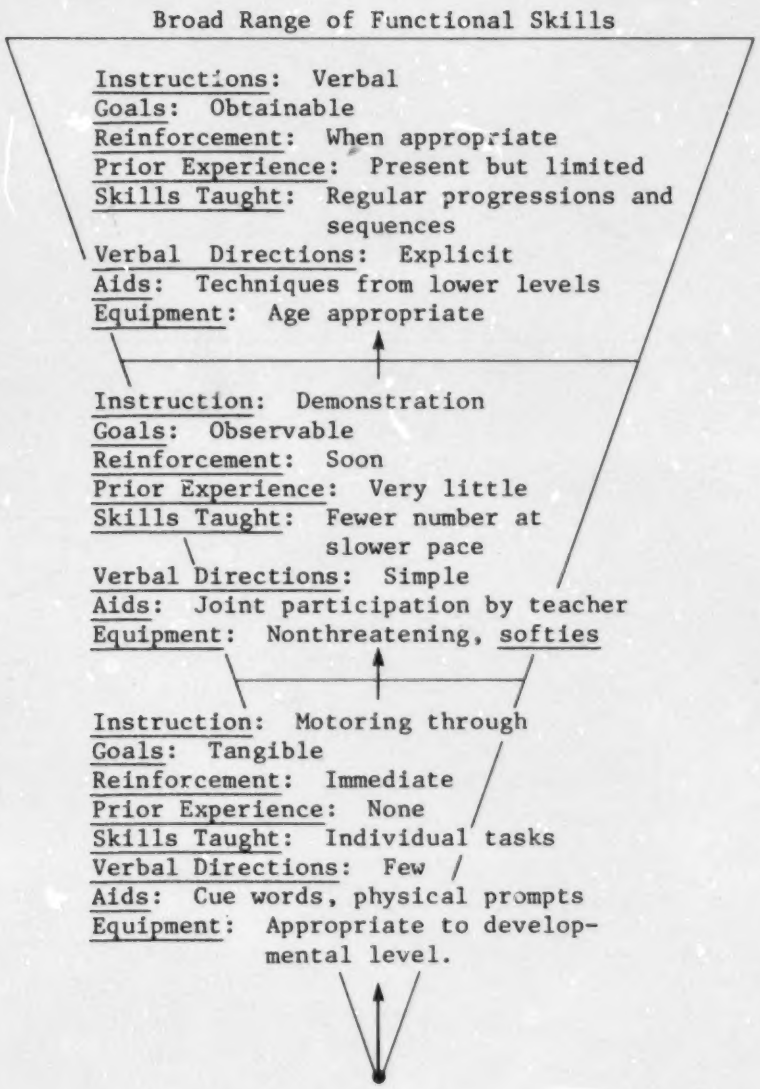
--Games where children remain seated in one place are easier than games where children must move around.
--A game where only one child moves at a time is easier than a game where several or all players move.
--A game that always repeats the same pattern is easier than a randomly organized game.
--Games involving imitations are easier than games where players must initiate movements.
--Physical cues in addition to verbal directions help players learn.
--Games involving stationary objects are easier than games involving moving objects.
--Adults playing the game right along with students serve as good role models as well as ready helpers to motor through students who need help.

Making Choices
How Appropriate is the Activity?

Because there is often such a gap between chronological age norms and functional physical and mental levels of a child with severe multiple impairments it is difficult to apply the concept of age development appropriateness. However if these children are to show any growth at all--other than physical--every attempt must be made to move them toward higher levels of development rather than just play with them where they are. As shown by the following figure (page 17) different teaching techniques are needed for different children on different developmental levels.

Teachers must select activities that are as individually appropriate as possible to aid each child in moving toward higher levels of functional ability, no matter how low present functional levels appear to be.

Development of Functional Skills



Chronological Age:	0 to 6 years	6 to 12 years	12 years to adult
Physical Development:	Poor	Inadequate	Below Average/Average
Mental Level:	Severely & Profoundly Retarded	Moderately Retarded	Mildly Retarded

As indicated by this chart different teaching techniques are needed for different levels of child development and capabilities. Arrows indicate direction of flow as a child with severe multiple impairments learns and progresses.

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